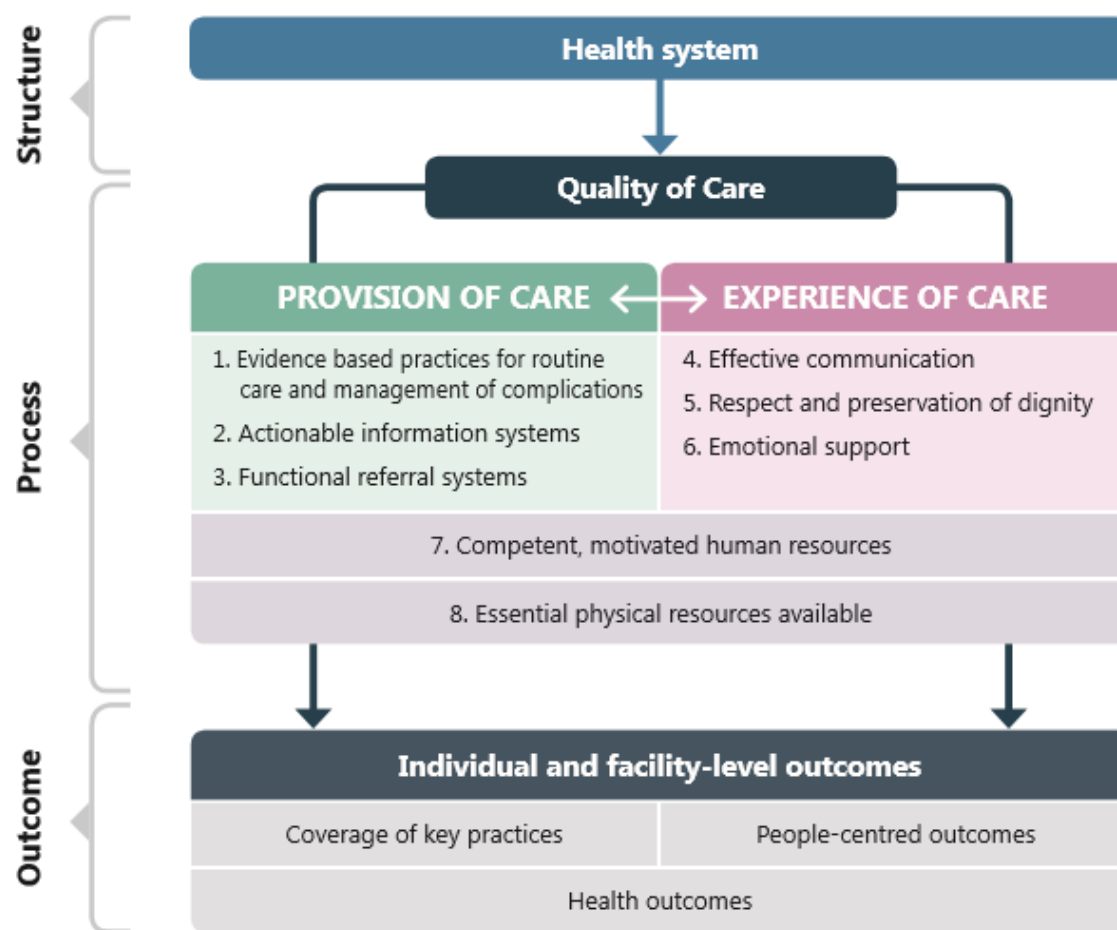


Baseline assessments for Maternal and Newborn Health and WASH services: Process in three countries



STANDARDS FOR IMPROVING QUALITY OF MNH

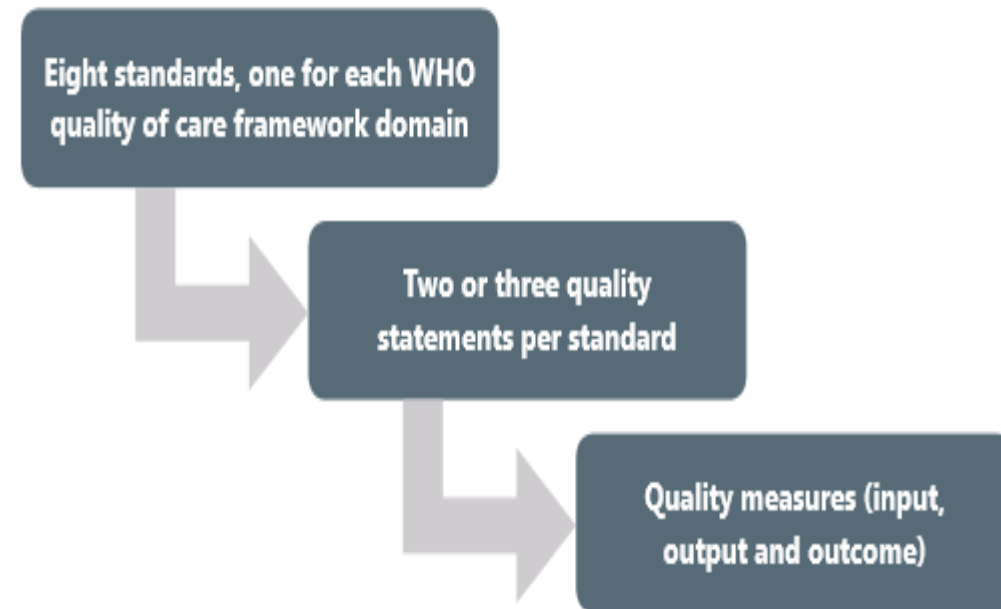
Fig. 1. WHO framework for the quality of maternal and newborn health care



QUALITY STATEMENT 8.1

“Water, energy, sanitation, hand hygiene and waste disposal facilities to be functioning, reliable, safe and sufficient to meet the needs of staff, women and their families” is a basic condition for provision of safe and dignified maternal and newborn care.

Fig. 2. Structure of standards



Key actions/ interventions

- Country Consultations to map existing Quality Improvement and WASH in HCF initiatives
- Identification of selected measures for each standard
- Selected measures with highest possible impact on lessening the burden of deaths and risk of hospital infections (prevention of sepsis and nosocomial/hospital induced infections in mothers and newborns)

Prioritized Indicators for measurement

- Overall cleanliness of facility
- Handwashing facilities in labour room, maternity and OT: water, liquid soap, alcohol rub
- Hand washing practice (at five moments) by maternity staff
- Availability of basic water supply
- Availability of functional toilet for patients in labour room
- Safe waste management including disposal of placentas and biological waste

Partnership with National Research Institutions

Baseline assessments conducted in intervention and comparison facilities in partnership with

- Novrongo research centre in Ghana
- National institute of medical Research in Tanzania
- ICDDRB in Bangladesh

Similar tools with local modifications

Lessons learnt – Translating standards to measurements

Positive lessons

- Standard 8 creates the ownership among MoH and health sector partners for WASH in HCF
- Availability of individual facility data allows facility QI teams to study their result and use it for creating a change

Considerations for future

- The need to cover all standards make the tool lengthy and assessments need to be completed within 3-5 days
- Regular monitoring (JMP) and in-depth WASH in HCF assessment required as a follow up for BNA or root cause analysis as for other significant problems

Recommendations

- Need for greater awareness on Standards for WASH in HCF
- Documentation of relevant QI projects to facilitate learning
- QED Network to create specific focus on WASH in HCF linked with WASH in HCF Action Plan

Way forward

- Leadership and governance: Policy makers to be made aware of situation and its repercussions in terms of clinical outcomes, deaths and patient utilization/satisfaction
- Financing for implementation: A dedicated portion in budget for health facilities construction and maintenance
- Engaging with women and communities: Inputs and feedback important in design of facilities and linking with community participation efforts to improve and maintain WASH infrastructure
- Data to support implementation: Sepsis rates, wound infections, periodic bacterial swabs
- Education and training: Hand washing and IPC